

U2100014768Z

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

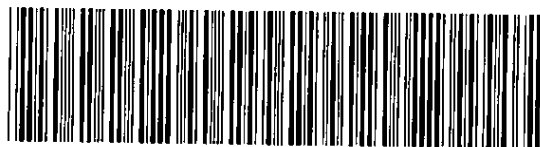
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U2100014768Z

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BETTER YEARS AHEAD MEDICAL CENTER LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

TAIMARYS VELAZQUEZ PEREZ

(Contact Person)

BETTER YEARS AHEAD MEDICAL CENTER LLC

(Firm/Company)

4728 N HABANA SUITE 302

(Address)

TAMPA, FL 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

TAIMARYS VELAZQUEZ PEREZ

at ( 786 ) 362-9862

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BETTER YEARS AHEAD MEDICAL CENTER LLC

2. The Florida document/registration number assigned to this limited liability company is:  
121000147682

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/01/2024

4. I, MICHAEL ALVAREZ CONDE, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member/Resigning Manager

Filing Fee: 0.00 (Required)  
Certified Copy: 0.00 (Optional)